

CATHOLIC CHARITIES OF SOUTHEAST TEXAS  
2780 EASTEX FREEWAY  
BEAUMONT, TX 77703  
(409) 924-4400

**APPLICATION FOR  
EMPLOYMENT**

Please Print  
Use Blue or Black Ink

Catholic Charities of Southeast Texas complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, creed, handicapped condition / disability or other protected classification unless a particular factor is determined to be a bona fide occupational qualification.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Previously employed by us? \_\_\_\_\_ When? \_\_\_\_\_ Position \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Salary Requirements: \$ \_\_\_\_\_ /hour or /year.

**PERSONAL**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden \_\_\_\_\_)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Do you need any reasonable accommodation in order to perform the essential functions of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Driver's License: Type \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

License # \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

Have you ever been convicted of violating any law (except traffic violation)? \_\_\_\_\_ If yes, give date, place, and details: \_\_\_\_\_

(A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for).

List any relatives employed by us and your relationship to them: \_\_\_\_\_

List any friends employed by us \_\_\_\_\_

**U.S. Military Experience and Training:**  Yes  No

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Discharged \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (attach discharge document)

Final Rank \_\_\_\_\_ Your Duties \_\_\_\_\_

Special Training \_\_\_\_\_

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Name of Employer			Telephone (May we contact?)	
Address: Street		City	State and Zip Code	
Employment Dates (Month and Year)			Title of Position	
From:		To:		
Starting Salary			Ending Salary	
\$			\$	
Description of Duties:				
Reason for change or leaving:				

Name of Employer			Telephone	
Address: Street		City	State and Zip Code	
Employment Dates (Month and Year)			Title of Position	
From:		To:		
Starting Salary			Ending Salary	
\$			\$	
Description of Duties:				
Reason for change or leaving:				

Name of Employer			Telephone	
Address: Street		City	State and Zip Code	
Employment Dates (Month and Year)			Title of Position	
From:		To:		
Starting Salary			Ending Salary	
\$			\$	
Description of Duties:				
Reason for change or leaving:				

## EDUCATION

	NAME/CITY/STATE	GRADUATED?	TYPE OF DIPLOMA AND DEGREE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER (Specify)			

Any other specialized training/professional certification? \_\_\_\_\_

(ATTACH A COPY OF THE ABOVE DIPLOMAS, DEGREES, CERTIFICATES, etc.)

Office Equipment Skills: \_\_\_\_\_

Computer/Word Processing Skills: \_\_\_\_\_

Foreign Languages - Spoken: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

## PERSONAL REFERENCES

Give name, address, telephone # of 3 references (NOT relatives or former employers)

NAME / ADDRESS	OCCUPATION	YEARS KNOWN	PHONE #
1.			(    )    -
2.			(    )    -
3.			(    )    -

I hereby authorize **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** to which I am applying for employment to contact my previous employers and personal references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that the answers to all of the foregoing questions are true, complete, and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or, if employed, cause for dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of the entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with **CATHOLIC CHARITIES OF SOUTHEAST TEXAS**, I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** any and all pertinent information relating to my employment or educational record. This may include, but is not limited to, academic achievements, work habits, Job performance, attendance, skills and/or abilities, disciplinary actions, arrests, and conviction records.

I hereby release any individual, agency, or company, including record custodians, from any and all liability for damages of whatever nature, which may at any time result from compliance with this authorization. I agree that **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** shall not be held liable if the job offer is subsequently withdrawn.

This authorization shall be valid for three months from the date of my signature below.

Applicants' Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Print)

Current Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Catholic Charities of Southeast Texas
APPLICANT / VOLUNTEER BACKGROUND QUESTIONNAIRE

Please Print

Confidential

NAME: Last First Middle Other Names Used / Alias / Maiden Last Name

ADDRESS: City State Zip

HOME PHONE: WORK #: CELL #

DATE OF BIRTH (M/D/YR): DRIVER'S LICENSE #: State

SOCIAL SECURITY # Sex: F M Race:

1. Have you at any time been accused of child/sexual abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) Yes No If yes, please provide in detail the date, the place, and an account of the circumstances of each allegation.

Blank lines for answer to question 1

2. If yes, did any judicial proceeding arise out of the allegations of child/sexual abuse? Yes No If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

Blank lines for answer to question 2

3. Are you under the supervision of any federal, state, or local corrections agency as a result of any allegations of child/sexual abuse? Yes No

4. Have you ever been convicted of or pleaded guilty/no contest to a misdemeanor or felony (other than a parking violation)? Yes No If yes, please state the nature of the offense for which you were convicted or pleaded guilty/no contest, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

Blank lines for answer to question 4

5. Please list all States that you have either worked in or resided in during the last ten years:

Blank line for answer to question 5

I certify that the responses contained in this document are true and complete to the best of my knowledge, and I understand that falsified statements on this document shall be grounds for denial of this application, termination of employment, or removal from participation in all volunteer programs.

I authorize investigation of all statements in this document, including criminal and sex offender background checks, and, if deemed necessary, education verification, credit and driving records checks.

Signature of Applicant / Volunteer

Date

In house use only: Credit Driving Criminal Education

Program Lead Signature: Date: